Appendix 25

Second Surgical Opinion Waivers

Waivers for Special Situations

Wisconsin Medicaid commonly waives the second opinion requirement when documentation supporting one of the following situations is submitted with the claim:

- Surgery, different than that which requires a second opinion, is needed and the surgery which requires a second opinion may be performed at the same operative session. Examples are cholecystectomy performed during emergency gastric surgery, or tonsillectomy/adenoidectomy when ear tubes are inserted.
- A second opinion physician is not available within a 40-mile radius of the recipient.
- The recipient is difficult to examine (e.g., combative, difficult to manage).

The Wisconsin Medicaid chief medical officer may approve waivers for nonmedical reasons other than the above. If special, nonmedical reasons exist, the recommending surgeon may send a letter describing the circumstances to the following address:

Chief Medical Officer
Division of Health Care Financing
PO Box 309
Madison WI 53701-0309

Waivers for Urgent or Emergent Conditions

If a surgery that requires a second opinion is performed under emergency or urgent conditions, a second opinion is not required. ***However***, appropriate documentation must be attached to the claim to enable Wisconsin Medicaid to determine an emergency or urgent condition existed to reimburse the claim. The best documentation is the preoperative history and physical exam report.

The following are examples of emergency or urgent clinical findings that may influence a decision to proceed with the surgery without obtaining a second opinion. This list is not all inclusive:

Cataract Extraction

- Glaucoma.
- Penetrating keratoplasty.

Cholecystectomy

- Abdominal, epigastric, or right upper-quadrant pain.
- Right upper-quadrant tenderness.
- Right upper-quadrant rebound (pain).
- Indication of stones as substantiated by X-ray or ultrasound.
- Pancreatitis with elevated amylase.
- Bilirubin over 3.8.
- Jaundice with elevated liver-function tests.
- Gallstones found at time of other intra-abdominal surgery.

Dilation and Curettage

- Heavy bleeding with clots requiring six or more pads in 24 hours for more than six days in duration.
- Postpartum bleeding within three months of delivery (should be billed as *Current Procedural Terminology* [CPT] code 59160).
- Missed (incomplete) abortion (should be billed as CPT code 59820).

- Postmenopausal bleeding (periods absent at least one year).
- Hemoglobin less than 9.5 and/or hemacrit less than 30 associated with excessive vaginal bleeding.
- Removal of intrauterine device.
- Hydatidiform mole.
- Large endocervical polyp (0.5 cm) present.
- Cancer, or suspected cancer, of the uterus, cervix, or vagina (e.g., endometrial carcinoma, cervical cancer, abnormal Pap).

Hemorrhoidectomy

- Abscess.
- Profuse (extensive) bleeding.
- Thrombosis or ulceration of vein in association with pain.
- Prolapse of hemorrhoids.

Hernia, Inguinal

- Incarceration — entrapment, confinement, or bowel obstruction.
- Scrotal hernia.
- Acute pain.
- Strangulation.

Hysterectomy

- Cancer of the uterus, endometrium, ovary, or cervix.
- Rupture of the uterus.
- Perforation of the uterus during a Dilation and Curettage.
- Severe endometriosis.
- Atypical cells class 3-4.
- Dysplasia, severe.
- Definite or suspicious cancer cells.
- Extensive vaginal bleeding and recipient is anemic.
- Symptomatic fibroids.
- Pelvic mass.
- Severe pelvic inflammatory disease (PID).

Joint Replacement

- Aseptic necrosis of the femur or hip.
- Fracture of involved hip or knee and recipient is hospitalized.

Tonsillectomy, Adenoidectomy

- Peritonsillar or retropharyngeal abscess.
- Severe obstruction inhibiting breathing.
- Size of tonsils/adenoids severely impairs breathing.
- Sleep apnea, verified by testing.

Varicose Veins

- Phlebitis present (inflammation).